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Research Award

5-8-2014

Transitions, Friendships, and Activities: Community Life After Sixty-Five

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Recommended Citation

Valentine, Katherine, "Transitions, Friendships, and Activities: Community Life After Sixty-Five" (2014). *2014 Claremont Colleges Library Undergraduate Research Award*.
http://scholarship.claremont.edu/cclura_2014/5

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Reflective Essay

Reflective Essay: Part of the Larger Picture

When I embarked on this research journey to better understand the concept of community in retirement, I was nervous about what the following few months would bring. This project, conducted as part of a sociology class, was my first large-scale independent research project, and I did not know what the process would look like. I had heard stories about how much time and dedication this project took and how a research project could become the center of my life. I found all of these things to be true—but in the best way possible, and I discovered some truly beautiful aspects of the research process along my journey, mainly how one small undergraduate project can fit into the much larger world of research beyond.

The Claremont Colleges Library and the resources it provides served as a bridge to situate my project within the research world. After picking a very general topic at the start of this project, I was overwhelmed by the number of potential paths this research could take. Within the first few weeks of beginning, my class met with our designated class librarian, Cindy Snyder, for a library research class session. In one efficient meeting, Cindy reviewed using online databases and library search engines to find outside sources for background research and a survey of the literature. Most importantly for me, however, was the enthusiasm and encouragement she brought to those stressful and overwhelming initial stages of research. I left the library that day with a renewed excitement to dive into my project. By using actual research topics from the class in her demonstration of library resources, Cindy showed how search engines and databases at the library could be used to find information about so much more than one person would ever have time to read in one lifetime. I was thrilled to find books about the history of the exact retirement community I was studying and very specific subjects I certainly would not have been able to locate outside of the Claremont Colleges. I appreciated not only the access to sources from journals published all over the world, but also to these local specific pieces of information that contributed just as much to my learning.

Beyond the walls of the library, the reach of Honnold Mudd still extended. Past the initial stages, I discovered the importance of discussing research with other people along the research process. Research is sharing information, so it is important not to be so closed from the outside world and to be willing to hear from others where this research should be expanded,

contracted, and improved. Our class librarian and professor fostered a collaborative environment that encouraged sharing with others as part of research. I regularly met with others to discuss my progress, hear their input and connect with their experiences in the process as well. One of the most valuable parts of completing this research project as the focus of a class, was the collective and cooperative nature of a process that can easily, and mistakenly, be taken as a purely independent endeavor. Meeting as a class, I was able to hear from twenty other students about the struggles and successes they encountered in their own projects. This taught me of both the uniqueness of each research project and the endless array of research possibilities in the world and of the universal nature of the experience no matter what the topic.

In the intermediate stages of research, I made great use of the library online databases and many electronic journals listed in Cindy's sociology library research guide. Conducting my own research allowed me to see how my project fits into the understanding of other projects that I have located through the Claremont Colleges Library for this and for many other classes. I found I have a new appreciation for the intricacies and details of other academic research. When reviewing countless related studies in my initial background reading and as a part of my literature review, I began to see the network and interconnected qualities of research projects in particular specializations. Each study builds on another to propel the field forward, and this allowed me to place my humble contribution of a project within a much larger and significant network of research. Recognizing the intimate nature of research allows for a fresh perspective when reading, interpreting, and applying other studies to my own work.

Finally, upon later reflection, I have found that research is a trusting exchange: in social science research among people, the research subjects give their stories and lives to the researcher. They must trust not only the basics, such as if the researcher will represent and analyze their gift fairly and accurately, but that the researcher will value and use this information for the benefit of a broader audience. In turn, the researcher "pays this back" by contributing to a body of information and findings. The purpose of research to me is to make accessible meaningful knowledge to others and then to bring impactful change out of that knowledge. The Claremont Colleges Library and the people associated with it have helped me generate my own thoughts and project, access others' research, apply it to my own, and continue the forward motion of the passing of knowledge and the stories I encountered and documented on my research journey.

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Research Project

“Transitions, Friendships, and Activities:
Community Life After Sixty-Five”

Transitions, Friendships, and Activities:

Community Life After Sixty-Five

Katherine A. Valentine

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Fall 2013

Abstract: This study explores the definition of community in the context of a Southern California retirement home, focusing on the feelings and experiences of elderly residents in the skilled nursing centers of the community. I analyze data collected from several interviews of nursing home residents, staff, and visitors along with data observed during participant observation. Results show that three main themes contribute to the elderly's views of community: transitions, social networks, and engagement. Residents view transitions as difficult times of the life cycle that are eased by social networks and friendships. These friendships also contribute to people's involvement in activities and engagement within a community. Finally, engagement brings a sense of community to those involved. These three themes work together to form a definition of community that can contribute to the increasing demand for research pertaining to the growing elderly population and can provide a foundation for understanding the calls for new types of communities serving the elderly.

Keywords: elderly, communities, transitions, social networks, engagement, retirement

*Community to me signifies a concept of people who are associated with each other...and work
around common interests for the betterment of where they live.*

--Retirement Community Resident

With the transition of the baby boomer generation into retirement, the issue of aging is very important to consider in contemporary America. As baby boomers age, many life changes occur, including simplification and relocation. This paper will discuss the lives of senior citizens living in a retirement community and a skilled nursing facility (a nursing home) in the Greater Los Angeles area. It will explore their thoughts concerning family, loneliness, relationships, and quality of life in a retirement center. First, I will survey the body of literature contributing to the understanding of communities and the elderly. Then, I will describe the location of the research and discuss the methodology I used during my ten weeks of research at the retirement community. Next, I will elaborate on the common patterns that appeared through my observations and conversations with both nursing home residents and staff. Finally, I will compare my findings with the existing literature and studies and discuss my conclusions in the context of what these others have said. This study ultimately seeks to provide a broader definition of the idea of community, paying particular attention to how transitions in later life, social networks and friendships, and engagement contribute to the understanding the elderly have of a community. It will also deliver a greater glimpse into the lives of many who currently live and will live in retirement communities and nursing homes as the older population increases.

I spent ten weeks volunteering in the skilled nursing center section of a retirement community. In this paper, I will refer to a “retirement community” as a privately run gated community of small residences with most meals and services provided. People must be aged sixty-five or older to apply to live in the retirement community. The retirement community I studied is made up of three separate levels of care and four main living arrangements. To clarify several terms that will be used throughout the paper, I will define the three levels of care. The first is independent living, which is where most people enter the community. The independent

living section contains small residences, a mixture of apartments, condos, and cottages. People living in the independent living section take care of themselves completely, though they have food prepared for them eat meals in a common dining hall. They also are allowed to use the nursing center on the campus. The next level of care is assisted living. In the assisted living section, residents move to a new building where they are still expected to be able to care for most of their needs. The center does provide personal hygiene help, such as bathing, and has 24-hour nurse duty, though they do not attend to every need of the resident. The last level of care is known as skilled nursing care, most often found in a nursing home. In this setup, residents are placed into a single or double occupancy room and given 24-hour nursing and doctor support and assistance. They are also given physical therapy, bathed, and fed meals if needed. These residents do not take care of themselves.

Review of Literature:

With the massive increase in the number of retirees as the baby boomer generation reaches retirement and the elderly population grows, the question of what later life looks like today is on many minds. People move with life changes, and many relocate to retirement communities specifically designed for seniors and their changing lifestyles. Often these communities include multiple levels of care for the senior residents: independent living, assisted living, and a skilled nursing center (full nursing home). Within these centers, the label of “community” that encompasses the entire institution is intriguing because of the vast differences in the lifestyles and people across the varying levels of care. In the present paper, the elements and definition of community are explored specifically in the context of a nursing home as part of a larger retirement community. Several main themes of what make up a community come

together in this study, namely engagement, socialization and friendship, and how health and transitions affect those within the community.

The theory that provides the basic framework of this presentation comes from modern political sociologist Robert D. Putnam (2000) and his ideas about how social capital increases engagement, which, in turn, creates associations and a sense of community. Putnam defines social capital as the connections between people and the relationships found in networks. Drawing from Tocquevillian ideas that civic engagement is what brings a group of people together and moves them forward, Putnam says that availability of social capital leads to this civic engagement. As people interact with each other, they create bonds and become part of the “social fabric” of the community. Social capital and this networking can have both private and public effects. It benefits the individual, says Putnam, through this increased sense of belonging and other perks that making connections with people have, such as networking in the job market. Increases in social capital have public benefits for the greater community, increasing productivity among connected individuals partly through the sense of what Putnam calls “mutual obligation” and the idea that people reciprocate things that others in their social network give to them. Putnam concludes: “life is easier in a community blessed with a substantial stock of social capital” (Putnam, 1995, p. 66). When there are organized networks of civic engagement, there comes a system of trust, organization, problem-solving, and collective benefits that contribute to the feeling of a community (Putnam, 1995).

In a qualitative study of a British retirement village, Biggs, Bernard, Kingston, and Nettleton (2000) bring Putnam’s importance of social connection to defining a community to the retirement village setting. Both Biggs et al. and Putnam find that a sense of shared experience is necessary for a community. In Biggs et. al’s study, the researchers find that shared stories and

narratives among residents drive a sense of community, and that the “active use of narrative and imagination provides a storied kernel, around which notions of community can take shape” (Biggs et al., 2000, p. 669). Stories of shared experiences within the nursing home often included not drawing attention to a medical condition, talking about relationships within the community, and personal freedom and not burdening families; these were all feelings and pieces of narratives that residents shared and had in common. The researchers found that even imagined and unspoken themes of stories could contribute to the understanding of shared experiences among residents, and, as a result, to the community atmosphere. A resident reiterates the importance of a sense of belonging to community saying that plenty of people outside of the retirement community are lonely: in the community they have “independence but it’s with inclusion” (Biggs et al., 2000).

Shared experiences draw people into a community (Keith, 2009; Putnam, 2000). Putnam finds shared experience’s role in the formation of community through his examination of the “social decapitalization” of America. One of Putnam’s points is especially pertinent to an upscale retirement community, like the one so many of these studies examine. Putnam emphasizes mobility and the suburbanization of society that geographically groups people by economic and racial segregations, whether intentional or not (Putnam, 2000). These “lifestyle enclaves,” as Putnam calls them, not only tend to group people by their shared class and status, but they also contain a consistent architectural design throughout the development and are often gated to keep outsiders separate. In spite of this perceived increase of grouping of society by shared characteristics, civic engagement, which Putnam says correlates positively to community, has decreased. In the United States, civic engagement along with membership in certain organizations such as fraternal societies and parent teacher associations has decreased in the past

decades. Notwithstanding these decreases in membership that Putnam notes, he also acknowledges counterexamples of increased membership, such as the massive growth in large-scale organizations like AARP. Putnam reconciles this with his idea that community and engagement are decreasing by showing that the acts of membership in these large organizations are very different from those in previously mentioned organizations. They do not contribute to social capital and the group identities that come from more tightly knit organizations: “their ties, in short, are to common symbols, common leaders, and perhaps common ideals, but not to one another” (Putnam, 1995, p. 70). Though there are many people involved in these massive organizations, because they do not share commonalities with each other, they do not have the civic engagement and social capital that are necessary for Putnam’s neo-Tocquevillian perspective of community.

Putnam’s idea of social networks and relationships carries over well into the studies of relationships, especially among the elderly. A large body of literature about social networks and relationships shows that shared experiences lead to friendships and that homophily, literally meaning the love of the same, is a measure of the success and satisfaction of a relationship (McPherson, 2001; Merton, 1968; Moen et al., 2001). People are attracted to and decide to associate with those that share similarities, such as race, economic status, and age. A study by Pillemer, Suitor, and Wethington (2003) focuses on the idea of shared experience as something that attracts people to each other. They study this in the context of different approaches to eldercare. Pillemer et al. draw from the theory that shared experience “produces supportive relationships because similar individuals tend to have similar values and interests” (Pillemer et al., 2003, p. 21). The authors conclude that experiential shared partnerships are important in the caregiver and elder relationship and that people with more similar experiences will be enhanced.

This is especially pertinent in the situation of a relatively demographically and experientially homogenous community, emphasizing the importance of similarity and social networks and connections.

This idea translates beyond just a caregiver and elder relationship to a retirement community setting: Perkinson (1996) found a “communal nature” in a Pennsylvania retirement village filled with social interactions. Perkinson studied friendships among female residents of a continuing care facility. Some residents “literally opened their homes to their neighbors, encouraging spontaneous informal visiting analogous to college dormitory life” (Perkinson, 1996, p. 164). People made friends through establishing mutual interests, through common activities like exercise and arts and crafts. The friendships are important to people’s self concept, as Perkinson shows through one woman who was very disappointed when her expected support network of friends did not continue after she became ill and bed-ridden (Perkinson, 1996).

Perkinson also found that these friendships are affected by many health problems that accompany aging, especially hearing impairment. This spreads even beyond the person with the disability, as Perkinson discovered that wives with husbands with a hearing impairment did not socialize with their groups of friends because their husbands felt uncomfortable in hard-to-hear situations. Similarly, the hearing impairment became a barrier when “healthy residents often avoided their less active neighbors” (Perkinson, 1996, p. 173). Ultimately, Perkinson found that friendship is important in the retirement community. Friendships arise in the retirement community because people are in a relatively age-homogenous and experientially homogenous environment, but that these relationships are affected by declining health, specifically hearing impairment.

A follow-up to Perkinson's study by Blackwell explored further the connection between hearing loss and social interactions, which ultimately affects the concept of self in a person. The study assumed that "persons arrive at self-concept through a process of social interaction" (Blackwell, 1987, p. 21). As people's hearing decreases, they often "fake" a conversation to avoid the stigma associated with hearing loss and aging. Hearing loss prevents many people from having complete conversations, and thus affects their interactions with others. These interactions are what form self-concept (Gardner & Levy, 1979).

Gardner and Levy (1979) explain how these social interactions form self-concept and though Putnam argues for the importance of social interactions to build social capital, this can have a negative effect on people in old age when it comes to declining health. Gardner and Levy explore what they deem the "symbolic" function of hearing, that function that is most closely related to the perception of hearing and self-concept and morale. They find that when people pretend to hear a conversation and understand what their conversation partner said, it indicates there are negative perceptions of hearing impairment, what Goffman would call stigmatization (Goffman, 1963).

Shippee (2009) echoes these findings of stigmatization of a physical disability and declining health. The health problems and stigmatization affect friendships in retirement communities, through what she calls "social disengagement." Putnam addresses this saying that this disengagement is what has occurred in modern-day America, and its effects include a loss of community-sense and belonging (Putnam, 2000). Shippee's study among the hearing-impaired elderly says there are two sides to the stigmatization that cause this decrease in social interaction. One side involves the elderly person with the impairment avoiding social interactions with people that may place the stigma on them. On the other side, healthy visitors become more

uncomfortable with visiting their disabled friend and avoid interaction in order to further remove themselves from the stigma. Shippee also found that the differences in cognitive abilities and conversation barriers such as hearing impairments contributed to the social disengagement of the elderly. She concludes that this disengagement ended in feelings of resentment toward the community as the elderly had not anticipated this “disempowerment and social death they might face” with declining health (Shippee, 2009, p. 425).

Transitions and moving play a large role in people’s social interactions. A 2000 study by Fisher discusses the ideas that friendships and social interactions are crucial to community and the effect transitioning has on members of a community. Fisher found that when approached about transitioning to higher levels of care, people were most concerned about losing a sense of community, especially as they lost touch with friends in the outside world. The research indicated that friendships were strained as people moved to different levels of care. Putnam once again echoes this, saying that transitions uproot people from their group memberships, and it takes time to reestablish these ties in a new community (Putnam, 1995).

There are important concerns beyond the loss of friendship in transitioning to new communities to consider. Transitioning to higher levels of care is accompanied by many perceptions and stigmas besides those mentioned above, as it is identified with aging. Litwak and Longino (1987) propose three types of moving as it relates to aging: healthy retirees moving (into retirement community or near children), moving when one gets frail (moving in with children or semi-independent living), and moving when one is a burden for informal caregivers (into a nursing facility). From these three reasons for relocation, Litwak and Longino (1987) associate transitions with the lifecycle and changes that occur in the lifecycle. Krout found that the main reasons people relocated were because of house maintenance, needing or wanting

continuing care, and to release the burden on families caring for elderly relatives. Another study by Luborsky, Lysack, and van Nuil (2011) found that downsizing, a part of transitioning, was seen less through a lens of simplifying life and getting rid of possessions, but rather as a sort of moral obligation that people at this later stage of life are expected and, as a result, required to do.

A competing theory suggests that rather than a set of three primary reasons for relocation, there are two categories of deciding factors and motivations. The push and pull model classifies these motivations as some that either repel from one lifestyle to another or draw them into a new place or lifestyle (Krout, 2002; Stafford, 2009; Walters, 2002). Push factors are resources offered by a facility, such as the promise of 24- hour nursing care. Pull factors are viewed by current residents as previous experiences that affected their decision to move, such as the loss of their sight or a health problem (Krout, 2002). According to Krout, the push and pull model indicates “not only current but also prospective circumstances shape the decision to move” (Krout, 2002, p. 242). I identify these factors as a part of the decision process for transitioning into a retirement community, though certainly not the sole reason. As stated in Litwak and Longino’s study, the first type of transitioning is related to healthy retirees who are looking for the amenities and social experiences provided by many retirement communities that increase one’s social capital (Litwak and Longino, 1987; Putnam, 2000).

Many of these reasons for relocation can be associated with old age a cause of stigmatization (Luken, 1987). Erving Goffman would argue that the elderly carry a group stigma, as old age is a deviance that overshadows other factors such as class and gender and groups older people together as a stigmatized group. By placing a stigma on the elderly, Goffman says society is “exercis[ing] varieties of discrimination” (Goffman, 1963, p. 5). Stigma symbols associated with a stigma can identify an elderly community (Goffman, 1963). Objects associated with aging

such as wheelchairs, medications, and hearing aids are the symbols that point to the identity of an older person with declining health. This is especially apparent among higher levels of care in a retirement community and nursing facility. Fisher (1990) describes the stigmatization between levels of care even within a single retirement community. He mentions that the appearance of a nursing home is a stigmatizing factor that leads to a sense of separation and grouping between the independently living residents and those of the nursing center. It is of great economic advantage for the facility to advertise and show an appealing, healthy-looking staff and a non-stigmatizing, healthy-looking center for residents. People will not be attracted to live in an institution filled with stigma symbols they associate with old age, declining health, and death (Fisher, 1990).

A new type of eldercare works to eliminate, or at the very least decrease the stigmas associated with nursing home and high levels of care. The green house movement is a new type of development that is catching hold in American eldercare and nursing facilities. The purpose of the green house is to deinstitutionalize, and thus destigmatize the nursing care center. The green house facility is modeled after a single-family home, and its aim is to provide a more “homey” atmosphere with the care. Each house is home to only ten people, so this smaller size models a family in some ways (Rabig, 2006). This could also be related to what Putnam says about smaller organizations providing more of a community and opportunity to participate and engage with the community (Putnam, 2000).

Much of the body of literature written about the elderly falls into two categories: that studying the effects of declining health and social stigmas of the elderly and that examining the lifestyle changes as people’s lives begin to revolve around the community that provides for their care in old age. Few pieces investigate an intersection of sub-bodies, such as the interactions

between the elderly and their friends, activities, and home environments and how these interactions contribute to the elderly's perceptions of a true community.

Research Methods:

I initially began my research with the intent of studying independently living senior citizens who chose to relocate their homes to the small gated community of people ages sixty-five years and older, but it became clear that the way I could get the best access to people was if I volunteered in the skilled nursing facilities of the community. I gained access as a volunteer through the Activities Director in the skilled nursing center. As a volunteer, my duties varied from day to day: sorting and delivering mail, visiting with residents, or playing games with residents, to name a few. During a typical week, I would travel to the retirement community each Thursday and Friday for two to two-and-a-half hour shifts of volunteer work. I primarily volunteered in the mornings and around lunchtime.

My research consisted of participant observation, informal interviews, and several in-depth interviews with residents of the skilled nursing centers. I took short notes and made jottings during my participant observations and wrote in-depth field reports and notes when I returned from the field. Formal interviews were recorded with the interviewee's spoken permission. Other interviews were unrecorded, and I relied on note taking. Interviews ranged in length from about 15 to 90 minutes, with the formal, in-depth lasting longer. Most interviews were conducted in the resident's room without a roommate present. One recorded interview was conducted while walking outside the buildings. Most of the interviews were semi-structured. I had a list of prepared questions, but I rarely followed this interview guide very strictly, opting to follow a more conversation-like model and listening to residents tell their own stories. Questions I asked first centered around interviewee's views of a community, their life before retirement,

and their life since moving to the retirement community. Most residents were eager to share their stories, and they generally enjoyed talking about their lives.

The retirement community I studied is located in a college town in Southern California. It sits in a tree-lined neighborhood and is one of several such communities in the area. The college community attracts a certain type of retiree and provides a myriad of events, lectures, concerts, and plays for these retirees. There are also a number of retired professors and people involved in the higher education community that live in the community. The wealth of the residents is reflected in the retirement community's price tag. According to a staff member, it costs upwards of \$300,000 up front to initially buy into the community. After this, residents pay around \$2,500 per month to continue to live here. These costs cover food, cleaning, living quarters, medical services provided at the on-site clinic, and virtually anything that a resident would need to spend the rest of their life in this community.

Silver Creek Care^{*} has two separate facilities of skilled nursing care: the Health Center and the Green House Villas. The Health Center is the skilled nursing wing of the retirement community, and it houses permanent residents who lived at the retirement home and needed to receive more care, residents of the community who temporarily need rehabilitation for a short period of time, and members of the outside community who were not affiliated with the retirement village. The Health Center is what most would think of as a typical nursing home. The Center has sixty-four beds, and it generally houses under capacity with about fifty-five people. Most people come to the Health Center from the assisted living facility of the retirement community, though it does provide a place for people outside of the retirement community and those usually in independent living. The Health Center is divided into both single and double

^{*} Names of people and places in the retirement community studied have been changed to ensure confidentiality.

occupancy rooms. Rooms are generally sparse, with a medical bed, small tray table, lamp, dresser, and bulletin board for each resident. Some residents have other furniture from other homes in their rooms. Residents are able to decorate their own spaces, and many hang pictures of family and art projects to brighten the white walls. The Health Center is set up as one building with various wings. Each room has a sliding glass door that exits onto an outside courtyard and common area between the adjacent wing. There is a small dining room that seats about twenty-five residents. There are a few lounge areas and a room with a large television and piano known as the Activity Room. The Recreation Room contains exercise machines and therapy equipment for residents to exercise with. There are many staff members walking around the hallways. Registered nurses, certified nursing assistants, therapists, social workers, and volunteers are just a few of the non-resident people organizing activities and carrying out duties in the Health Center. Most people wear a nametag, and both registered nurses and certified nursing assistants usually wear scrubs so they are easy to identify.

The other skilled nursing center that I was able to access as a volunteer is known as the Green House Villas. The Villas are a new establishment at the retirement community and happen to be the first of this type of facility in California. They were officially opened in October 2013, and most residents in the Green House Villas were moved from the Health Center to the Villas, so this was a prime opportunity to study transitions. The purpose of the Green Houses is to deinstitutionalize long-term eldercare through making a more home-like environment, and the Villas are modeled after a single family home. The outside design is made to reflect the architecture of the surrounding neighborhood, and each of the two Villa houses provides a home for ten residents. To enter the house, visitors ring a doorbell on the front porch. Each house's open floor plan is centered around a large "Big Room" with a television, couches, and

bookshelves; a dining area with a table that seats fifteen; and an open kitchen. Residents have their own bedrooms with a private bathroom. The bedrooms have hospital bed, a television, and a dresser. Most residents have pictures, books, and personal items filling their bookshelf and walls. Besides the differences in the building layout, the main difference between the Health Center and the Green House Villas is with the staffing, which centers on the Shahbazim, or caretakers, in the Villas. Instead of having separate people to do cooking, cleaning, and basic care, the Shahbazim take care of all of these. There are two Shahbazim per house at the retirement community I studied. There is also a registered nurse on duty at all times for the Villas. Outside the Villas is gorgeous landscaping and wide sidewalks that are wheelchair accessible.

I spent the first half of my fieldwork in the Health Center before the Green House Villas were opened for new residents, and I spent the last few weeks primarily in the Villas with several residents living over there. In both of these facilities, the vast majority of residents are white, aged 75 and to 100. Most come from middle to upper-middle class backgrounds. At one day's count, there were 39 women out of 54 total residents in the Health Center. As a result of the much higher proportion of women, each of the residents that I got to know best through formal interviews were women. Six of these 54 total residents were from the outside community, and did not live at the retirement community prior to their stay at the Health Center. Nine of the 54 were non-permanent residents who were there for temporary rehabilitation. Two of the residents were on Medicare. Each of the residents that I formally interviewed was a woman who was a permanent resident of the Health Center at one time. They all came from the retirement community and had all lived in multiple levels of care within the community. Three of them moved to the Green House Villas during my research.

Data Analysis:

The following data analysis tells some of the stories of these women and the people they live and interact with in the retirement community. It is divided into three main themes that contribute to their views of and experiences with community: transitions within communities, social networks and friends, and engagement and participation in activities. Each of these three themes is related in some way to each other. All names of residents, staff, volunteers, and places have been changed for privacy.

Transitions can occur at many levels, especially when considering the context of a multi-tiered care system in a retirement community. I identify three main transitions that people undergo after retirement. It is important to note that this is not necessarily a linear process, as could be suggested. Many people move temporarily, especially for health reasons, but I have found the general order of transitioning within a retirement community follows a three level process. The first is moving from their residence outside into the retirement community's independent living section. Second, people move to an assisted living section of the retirement community. The next transition is to a full-time care facility, such as a skilled nursing center or nursing home. In the community I studied, there was a fourth transition that some people underwent to a second type of skilled nursing center. In each of these transitions, I found that people move with life changes. The most common life change to cause moving or transitioning is a change in health or ability, though some people moved to be with a spouse who moved for health reasons. Each of the transitions described above is marked by an increase in the level of caregiving provided to the resident, and this is determined by the individual's health.

Transitions carry a unique signifier of the level of independence residents have. As Shippee (2009) found, residents were rarely the sole decision makers in the choice to move to different levels of care. This echoes what Arluke and Levin (1985) call “infantilization.” In my interviews and discussions, I heard people talk about when someone else decided they needed to move to a higher level of care. In an interview, Mrs. Margaret Hanning talked about moving to the Health Center from assisted living:

MH: until I came here, and then, I still had my own room in the Lodge, and then they decided that they couldn’t care for me in the Lodge anymore because I was becoming too weak. So they moved me over here without my permission.

KV: Really?

MH: Well, I’m saying that. Although I understand they had all the permission they needed. My daughter has told me that, “No Mom, they’ve talked to me and to David, and we mentioned it to you more than one time that if they decided that you need to go to the Health Center, that you’ll go.” And I said, “I don’t remember that.” And they said, “Well, we can’t help that but that’s why you’re here.”

As Shippee (2009) notices this same lack of independence in the decision to move, that study also points to the sense of permanence in transitions to higher levels of care. As residents move to skilled nursing care facilities, many are aware that this is the last place they will ever live. Mrs. Hanning called Silver Creek “a place to come and retire and die in.” When I talked to Mrs. Abigail Sloane after she had moved to the Villas, she said that she was there “for good.” Despite the intrinsically moving nature of transitions, they are accompanied by this sense of finality and permanence, whether you made the decision yourself or not.

While most of the transitions within the community are for health reasons, it is not necessarily health that serves as the catalyst for the initial transition into the retirement community, but rather a variety of social factors that contribute to the residents’ decisions to relocate to a retirement community. I found transitioning is closely related to social networks. One woman, Ms. Violet Berkman, moved when her family commitments changed. This woman

was never married and had no children, so when her parents passed away, she felt free to move from the East Coast where her parents were to California for retirement. She told the story, as so many others did that it was friends that invited her to Silver Creek Care. Mrs. Margaret Hanning it was a combination of health reasons and friends that pushed her to first consider moving to Silver Creek Care. She had lived with a friend in another community, and after that friend moved to Silver Creek Care, she invited Mrs. Hanning's women's club to a meeting at the retirement community. After that invite said "yes, this where I'd like to move to...then I found out that I was going to lose my sight...so I'd better go now, while I can still see." Friends also serve as an important easing of the initial transition. Ms. Berkman said in an interview: "Making the transition [to the retirement center] was not difficult. They [friends] had prepared the way!"

After the initial transition into the retirement community, most people moved because of health reasons. The moves to new locations in the community were very hard for many residents for physical reasons. Mrs. Penrose was excited for her husband to join her in the Health Center, but she was not looking forward to the actual move. She said, "It's gonna be nice. If we get over the move again." Mrs. Anne Holton echoed this exactly as she said she was so impressed that her son helped her move into her new room in the Villas in just one day because moving was so hard. The Activities Director of the Health Center said the transitions between centers were even hard for the staff. Most people own a lot of furniture and items while they live in the independent living section of the community. As they move into the assisted living wing, they have less room in a single room than in the apartment setup, so they are forced to downsize quite a bit, though they have a small storage unit to keep some things. When they make the last transitions to the Health Center or the Villas, they no longer have a storage unit, so they must downsize even more. This is very difficult for some residents, as objects hold much more than material value

and are connected to a timeline of life experiences (Luborsky, Lysack, & van Nuil, 2011). The housekeeping department at the community moves all the remaining belongings to the resident's new room at the Health Center, so it is physically taxing for them.

Another difficulty of the transition process is that each level of care is geographically located in a different spot, so it is necessary to move living quarters when moving to a new level of care. An interaction with Mrs. Regina Lake illustrates the dramatic change of moving and the enormity of the situation. I was speaking with her in the hallway outside of her room in the Health Center. We began to comment on the cooling fall weather, and she told me about how unprepared for this she was. Mrs. Lake said she had lived as a temporary resident in the Health Center for about two months, and when she came in the beginning of September, the Southern California weather was extremely warm. She brought summer clothes, but now that it was getting chilly she really wanted to go back to her apartment and get some long-sleeved shirts to wear. She said she was planning to go back in one week if she could get everything organized for what would be a big outing. I asked her where she lived, and she pointed vaguely and said it was “clear across.” I took this to mean across the Greater Los Angeles area, so I understood why it would take a week of planning or so. I found out later that day that she lived in the independent living section, and she had meant she lives “clear across” the retirement community campus—a five-minute walk for me from her room in the Health Center. This shows the scale of the change and the degree of separation between different modes of living within a retirement community, as it would take over a week of anticipation and planning to travel less than a quarter of a mile to get some new shirts.

As people move to new geographical locations, they move away from neighbors and this social network is interrupted. The social network of friends still exists, but it is not as complete

as it was before the resident moved. In my observations, people did not see their friends as often after they moved to the Health Center from independent or assisted living. I took Mrs. Abigail Sloane in her wheel chair one day from the Health Center to a resident art show at the assisted living center. There we were stopped by what seemed to be every third person who all asked, “Is that you, Mrs. Sloane? Do you remember me, Mrs. Sloane? I haven’t seen you in so long!” These people all remembered her, but they had not seen her in years after she moved to different levels of care.

Even family networks can be disrupted by transitions and geographical separation within a retirement community. Another woman, Mrs. Nancy Penrose, who lived in the Health Center has a husband in the assisted living center in an adjacent building. She was very excited because he was moving to the Health Center with her. Though she was sad that he had to leave the assisted living center that he loved so much, she was absolutely thrilled that he was going to have the room right next door to hers. Because she was not well enough to travel much, they only saw each other once or twice a week when their children came to visit when they lived in separate buildings. This is what Fisher points out is a main problem of the structure of these types of retirement communities: “The structural segregation of residency groups on retirement campuses may be necessary for efficiency, but the reduce the residents’ ability to maintain friendship groups” (Fisher, 1990, p. 58).

As these social networks seem to be so effected by transitions, it is apparent that social networks play a large role in the definition of community. The most commonly discussed topic by residents in all different levels of living at the retirement community was family and friends. Ms. Berkman put it best in an interview: “[It’s] a very important idea, particularly for older people, to retain some community contacts because you do begin to lose your friends and family,

and if you have a connection with the community the individuals change but you still have a spot.” It is these people that are connected in some way to each other that provide the sense of oneness that Biggs (2000) finds central to a community.

People in a retirement community first have social groups or networks that they are connected to outside of the walls of their residence: people they knew before retirement and moving and family. I recently overheard an employee of the local college saying she is considering moving to Silver Creek when she retires with her husband because she has such an established network in this town. She has invested much into the town and has many friends here, so she wants to stay in the town permanently in a retirement home. The story of Health Center resident Ms. Berkman hints at the necessity to find a community when she decided to move to a retirement village after her parents and most other living relatives passed away and her family social network was gone. Indirect forms of communication are very important to people to maintain their outside networks. Ms. Berkman said though she receives few phone calls, the ones she does get, especially from her nephews, are very important. One woman jokingly told me she was going to give up all hope after I delivered a stack of mail to her roommate and had nothing for her.

When the outside networks can come into the retirement community, residents are even more excited. I waited in a hallway for 35 minutes on Halloween morning with six women in wheelchairs asking every five minutes if the trick-or-treating kids were here yet. Mrs. Margaret Hanning told me the story of her 105-year-old roommate who wanders the halls, normally unresponsive to everyone, though she recognizes her daughter:

MH: And I heard Mrs. Rowe say, “Is my daughter here yet? Is my daughter here yet? I know my daughter’s supposed to be coming. Tell me she’s here. I want my daughter here.” And they say, “She’s coming, Mrs. Rowe.”

One day, she was doing that, and unfortunately her daughter had called and said they had car trouble and she wasn't going to be coming, so they said that she was coming. Well, anyway, she was getting so distressed. So I walked with my walker over to her and put my hand on her and she didn't know me from a hole in the ground, but I put my hand on her and I said, "Mrs. Rowe, your daughter's coming but she has had car trouble so she will be late." "Oh, car trouble? Oh. She has car trouble. She'll be late." So she walked away from me, but she wasn't down the hall about half the hallway when she started again, "Where is my daughter?" She never stopped until she went to sleep.

Another woman living in the Health Center shows the importance of visitors with a sign outside her door reading: "If you're here to visit, please wake me up. I can sleep later." Another woman appreciated my visit and connection with her when I asked her if she would like help to complete her weekly dining menu. Residents at the Health Center plan their own meals a week in advance, and my volunteer duty for that day was to assist some residents with their planning. This woman normally filled out the menu on her own, but she remarked three times to me in the thirty minutes I was there that it was "so much more fun to do this with someone else!" Again, this reflects back on the importance of networks and human connections in a community.

The community within the Silver Creek Care is very important to people's perceptions of the village. Many residents have special nametags that they wear as they walk around the retirement community, which makes it easy to learn names and meet new people. In my observations I noticed that the staff members know and address most residents by name, in all levels of living and care. When asked about the best part of the assisted living center, Mrs. Penrose responded without a moment of hesitation, "the people!" She was referring to the staff of Silver Creek, which play a large role in the social networks within the retirement community. Many people tell me about their favorite nurses or caregivers. Mrs. Penrose likes Jodie, who "does it all." Mrs. Hanning says in the over ten years that she has lived at Silver Creek, she has

only seen one incident among the staff members that was negative, saying they are “all kind people.”

Meeting new friends and establishing new social networks within the retirement community are very important to residents at Silver Creek. In the monthly newsletter published by a community group is a section called “Introducing Our New Residents.” This section profiles the newest residents to Silver Creek, sharing their backgrounds and interests to welcome them into the community. Mrs. Sloane says that Silver Creek does a very good job at integrating new residents into the community and introducing them to new people. When residents first arrive at Silver Creek, they are assigned a couple whose job it is to invite them to dinner and breakfast and to bring them into the social networks already established.

Part of the reason that it is easy to become integrated at Silver Creek is because of shared experience (Keith, 2009; McPherson, 2001; Merton, 1968; Moen et al. 2001; Perkinson, 1996; Putnam, 2000). Mrs. Hanning says the following:

MH: There is a large population from...[the college]. Teachers from [the college] and...they know each other...so that makes kind of a little home...And I think they've really geared it to make it so that people...the things that they have available here are things that people would come to a place like this would appreciate. They have music programs, they have drama programs. Oh all kinds of wonderful speakers and, well, just a multitude of things that would be very helpful and also interesting to the people here. That's why people like to be here, and I think that's why there are so, so many... It seems like a family.

Not only does this address the multitude of activities available to residents at Silver Creek, but more importantly, it suggests the similarities between residents at this retirement village. Mrs. Hanning discusses how residents knew each other previously, and this shared experience makes it “home”-like. She also shows that people at the retirement community are similar; they have similar backgrounds and similar interests, which contributes to the family atmosphere.

An interesting theme appeared in people's discussions of communities within the retirement village that had to do with people meeting others. Within the retirement community, there are "community celebrities" who everyone seems to know or know of. Many people are famous for their life before retirement. For instance, many residents talk about a former United States government official who lives in the Villas, a former writer for the *Los Angeles Times*, and a woman whose family owns a locally famous business. One woman told me the following story about introductions at dinner one night soon after she moved to Silver Creek:

VB: I went to dinner one evening and sat at a table with some people I knew and some I didn't, and one man said to me, "Hello, I'm Mr. Florence Elaine Brooks." And I laughed. Florence Elaine Brooks. She's uh, she's a very well known person in this whole community. And they had just moved...they had just retired and moved into the Gardens, and he was introducing himself as Mr. Florence Elaine Brooks because she was so known.

Following this celebrity phenomenon of the community, it is very important for people to know each other in the community. This became very clear in my observations and during my time volunteering and interacting with residents as residents I was assisting took great care to make sure that I was introduced to everyone she knew and passed by.

These social interactions can even extend beyond interacting with just humans, as one woman suggested when she discussed her favorite activity of the week: pet therapy. Ms. Berkman talked about the connections that were deepened through the presence of animals. She personifies the animals' actions, giving them human-like qualities that show their importance in the social network as she says they "understand," "know," and practice "patience." She focuses in on the central role these animals play as they provide her with an outlet of communication during their visits in an interview:

VB: The therapeutic use of animals is important. And it's important for two reasons. And I'm learning this second reason as I'm here. You not only enjoy the animals, but you enjoy the people that bring them in. you can talk with them about your own

situation in a way that it's sometimes hard to talk to other people. Because you get to know them through the dog or the cat... The fact is that animals can be a channel for communication. Uh, people can't talk about their own sadness, but they can talk about an animal's feeling and project on the animal.

If communication is key to part of the social network and a community, this shows that residents can see the importance of extending beyond conventional human friendships for providing that.

Finally, friendships and community can be affected by old age and health impairments that come with aging. This is especially apparent in the high care facilities I observed as I had discussions with residents. Oftentimes residents would forget words and lose track of what they were saying. I could tell that this not only impacted my time with them, but it also interrupted their own friendships and interactions among each other. I noticed that residents rarely interacted with each other as they sat in the activity room together. One day I was sitting next to two white woman in their eighties. One turned to the other in her wheelchair and asked her if she had had a favorite Halloween costume. The second woman realized she was being addressed after a few seconds, and she turned to the first woman. She asked her to repeat what she said, so the first woman restated the question. The second woman still could not hear her, and so the conversation initiator gave up and said, "Oh, never mind, dear." This happened numerous times in different settings among different people. Some residents are very hard of hearing, while others have very soft voices that do not pair well together. This creates a barrier between full social networks forming, and it can be quite unsatisfactory for some people. Upon moving to the Villas Mrs. Abigail Sloane was disappointed when she found out there were only three other residents out of the ten that she could have a full conversation with. In a poignant moment of an interview she said:

AS: Although, there aren't as many people to talk to [at the Villas] as I had hoped. But that's all right. But I've found that sitting here, and not being able to talk but

just seated across the table and get acquainted... You know... they're part of my life now too, and I want to...to be as pleasant as possible.

As a result, Mrs. Sloane only considers herself “acquainted” with most people in her house. It is harder to get to know other residents in the higher levels of care because of the barrier health problems can have on social interactions. I saw one woman who had lived at the Health Center for two weeks introducing herself to the woman who lived in the room next-door to hers. The only reason they were able to meet was because while one was sitting in the hallway waiting for a group of children to trick-or-treat at her room on Halloween, the other was being pushed to an appointment in her wheelchair. These women did not get to meet even though they lived one wall apart from each other, simply because their health prevented them from leaving their rooms.

Social networks and friendships provide an appropriate transition into the last element of community definition presented in this paper: engagement. The two are connected in two directions; not only do friends encourage each other to join activities and participate, but friends are also made in these club, organizations, and activities that people join in retirement communities. Mrs. Nancy Penrose said about a committee at Silver Creek, “That’s the way you get to meet people when you get on the committee.”

At Silver Creek one of the main activities to participate in are the resident committees. According to a recent Silver Creek newsletter, there are sixty-nine committees within the community. Mrs. Penrose said join a committee was the first thing she and her husband did when they moved to Silver Creek. Mrs. Berkman says:

VB: I think one of the joys of living at [Silver Creek] is that, uh, the residents have their own organization and we get things done! [laughs] There’s a tradition that everybody who comes in is a member of the council, well, not the council, but of the community organization...[The committees] provide an opportunity for everybody to participate in the quality of life here.

A letter from the resident president in November 2013 illustrates the importance to committees and engagement at Silver Creek. According to this page in the monthly newsletter, “The best way to become involved in Silver Creek is to serve on a committee...the key words are: GET INVOLVED!” This retirement home boasts about its robust and active community by saying, “Our committee system enables Silver Creek to have a waiver from a state requirement that senior citizen homes have an Activities Director.”

Engagement at Silver Creek can take many forms other than the committee system, but each of these provides several enriching aspects to life at the community. Ms. Berkman says that this engagement is part of what it means to be a community:

VB: I’ve been on a variety of committees. Setting up community activities, and uh, that’s being part...that’s what it is to be part of a community. It seems to me to use your time and talents for, in the interests of the community. Not just in your own interests or the interests of your family, but in the interests of the larger community. And it has to be something that’s your own interests too.

As people use engagement to extend their personal interests into the community they are involved in, many activities in retirement communities revolve around people’s interests from the life before retirement. Mrs. Sloane told me about residents that bring their talents and personal interests and teach classes to others:

AS: You find too when people move in, there are so many of them that are very talented. What they want to do is continue in some way. You know, Mrs. Garfield has a class for those that are interested in Chinese brush painting. And there’s a lady who worked at the Pasadena Playhouse for many years, and she’s organized putting on plays and all. And she’s doing that here now with people that are interested.

People use these personal interests for the broader good of the community as well. There is a great spirit of activism among residents of this retirement community, particularly when it comes to their engagement. Many of the committees exist to voice residents’ concerns. One resident told me about her time serving on the Health Services committee and her campaign to get towel

warmers for each of the baths in the Health Center. She used that as a small example but said “if there are bigger issues that we ought to look at, there would sure be somebody here to raise a question and get something going... This is a resident-driven community, and the administration’s responsibility is to work with residents on their concerns and get them into the broader aspects of ...the community.” Residents can use engagement as a form of independence and activism to shape their community, but this gets more challenging for individuals as health changes.

In the higher levels of care, such as the Villas and the Health Center, engagement changes dramatically. Not only does the type of engagement, from planning and activism, generally change to activities such as movies and games, but the amount of engagement decreases quite a bit. Many people do not leave their rooms in the Health Center. In the Activity Room, where a large dry erase board lists the specific schedule of multiple planned activities per day, I only ever saw fifteen people at most in there. In the Health Center, the same six to seven residents were there nearly every morning I visited. This could be because people’s health creates a challenge for participation, as it creates a barrier for their social interactions. Despite their changing abilities, people are still very happy to be able to participate. One woman smiled every time I asked her to fold a piece of paper in half while making an art project and said she loved helping. Engagement is even important for those people who have lost nearly all sense of connection with others, and the retirement community seems to latch onto this. One woman with severe dementia who does not know where she is at any time and constantly mumbles to herself will stay calm and busy for an hour when a staff member hands her four socks and asks her to “fold the laundry.” All these levels of engagement, from lobbying to the administration for

resident rights and desires to folding socks, bring people together in the community and shape the community into a space for the people living in it.

Conclusions:

This study explored a community primarily in the context of skilled nursing facilities in a California retirement community. The significance of transitions within the community, social networks and interactions, and engagement became clear determinants of the formation of a community. Furthermore, these three components are all interconnected in some way. I found that friends often introduce people to a new community, the transition is eased through engagement and participation, and they make new friends through these activities. While much of the literature focuses on stigmas changing social situations, these findings did not point as much to this. This study found that transitions can be difficult for the elderly, and as they move to new levels of care, this can have an impact on their social networks. Social networks, friends, family, and staff provide an important addition to inclusion in the community. Social networks exist both inside and outside the retirement community, but as health declines interactions with others become more difficult for people and these networks tend to deteriorate. Engagement is a way to bolster these networks, though it too is affected by health and aging. In the retirement community engagement is primarily used as a way to continue one's pre-retirement interests and promote desires for the community. Upon beginning my research, I believed I would find ideas of increased community or evidence of deinstitutionalization of the nursing home through the groundbreaking Green House model of nursing care, but my discussions and observations yielded no significant indications of this. Rather, people always considered their life and experiences more enriching and community-like when they involved other people in social networks, regardless of the location. Returning to Putnam's theory, I found the role of social

capital in the retirement community: those “features of social life—networks, norms, and trust—that enable participants to act together more effectively to pursue shared objectives” (Putnam, 1995b). This parallels wonderfully with Ms. Berkman’s quote about her definition of community at the beginning of this paper and cements the importance of relationships to engagement and community.

In sum, this study can contribute to the large existing bodies of literature both on the sociology of aging and community studies. It has practical implications to the understanding of what the elderly look for in a community and what they lose as they age and health declines. This research broadens the scope of the elderly and can be useful in understanding older citizens as more than “bridge-playing, technology-illiterate old people” as one respondent phrased it. Freedman puts it well in his book, *Elderburbia*:

Our enormous and rapidly growing older population is a vast, untapped social resource. If we can engage these individuals in ways that fill urgent gaps in our society, the result will be a windfall for American civic life in the twenty-first century. (Freedman, 1999)

This study could lead to developments in care facilities and programs for those in the later years of life. It is important to understand how the elderly view community as more people are reaching old age as we continue to improve systems of care so we can take into consideration the most important aspects of community.

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Appendix:

This research challenged my previous notions and experiences as this was the first independent field research I have conducted. I encountered many unexpected challenges over the course of the three-month process. I originally became interested in the idea of a retirement community as I was walking to dinner with a friend one evening. He remarked to me how our residential college life reminded him just of life at his grandparents' retirement village in Florida. Both have places to live, provide all meals, have full cleaning services, and even have golf carts driving all around the campus. College, he observed, is basically retirement with homework! A year later, my college choir went to Silver Creek Care to perform a concert in their social center. After the concert, residents bombarded us with requests to return to their campus for more visits. This stuck with me, and I returned the next semester to consider the concept of community within this center.

Gaining access to the site was more difficult than I had first anticipated. I originally wanted to study the residents in the independent living section of the retirement community, but it became clear through several phone calls and discussions with people that they were not equipped for volunteers and did not have a structure that would allow me to meet residents and observe activities. I opted to volunteer in the Health Center, the skilled nursing center, and later the Green House homes when they opened about two months into my study. Because of the change in context, I shifted my research topic from specifically exploring the transition from the working life to retirement to a retirement community, to studying the general transitions within the community and attitudes toward the retirement community.

I found my positionality as a young, white, female college student worked both to my advantage and as a slight disadvantage in many situations. As a young female, I found it hard to

initially get people in authority to take me seriously. I needed to adapt through this with extreme persistence in my asking for permission and access, making phone calls twice a day and visiting several times, often without any answers. Once I established contact and was approved to volunteer, access was quite a bit easier. I found that many residents have connections to my college. There are many alums, former professors, and former administrators. Once people found out where I was from, they were very excited to talk to me. I had completed an entire interview with one woman where she asked me where I went to school. She asked if I was a student at a local community college, and when I told her what college I attend, she said that “changes everything!” She was so excited and began to open up to me about her job as a professor at a competitive East Coast university.

Staff members who knew about my college were often impressed when I told them where I go. There was one instance where one Hispanic, male certified nursing assistant probably in his forties asked me where I attended school. When I told him, he remarked that you have to “have a lot of money” to go there. I told him that they also give great financial aid, but this was the first time where I saw an explicit divide between the wealthy residents paying hundreds of thousands of dollars to live at this home, the staff members, many of whom have only attended a community college, and myself, a white student from an expensive, prestigious college.

Another interesting occurrence I discovered with this project was the paradox of studying transitions within a place people moved to until they died. There was a strange combination of extreme transience with the sense of finality and permanence that many of the residents recognized in their position at the retirement community. People were constantly moving around, which made it difficult to schedule interviews and establish relationships with many residents. I encountered several people in the Health Center who were there for a temporary rehabilitation.

These people were often the most lucid and coherent and were some of the best conversation and interview candidates. I found quickly though, that if I did not take advantage of the moment and talk with them where they were, they could be gone back to their permanent residence elsewhere in the community, where I did not have contact information for them.

In addition to people recovering and moving back to lower levels of care, I also encountered death in the retirement community, specifically the Health Center. Two women who I had met, one of whom I considered interviewing, passed in my ten weeks of field observations. In total, five residents of the retirement community passed away while I was there for ten weeks. The topic of death was a very interesting one, which I did not hear too much about while conversing with residents. Each time someone died, there were small memorials set up in several places in the community with a digital picture frame announcing the death, information about any memorial service, a single flower in a vase, and any other special items placed in memory of the resident. There was also a small section of the monthly newsletter dedicated to those who passed away during the month. I was reading the newsletter with one woman one morning, and she recognized one of the names in that section. She was saddened while being very matter of fact. She told me that she has realized this will happen to everyone one day, but that that man had had a great life. Many residents did not talk about their own death, but it was not unheard of to mention it. One eighty-five-year-old woman told me that she was currently in hospice care, and that when she felt the time was good, she would just stop eating and taking her medication one day. She said she was happy with her life, and she did not want to live to be over one hundred, after seeing others' lives declining after that.

While death was very present at the retirement community and especially in the Health Center, I found much humor about aging as well. One woman thanked me and said it was so nice

of us “younglings” to spend so much time with all these “oldsters.” One resident of the Health Center made everyone smile as he passed through the hallways. He said if he had to be in a wheelchair, he might as well enjoy it. As people pushed him through the hallways, he would “drive” the wheelchair, complete with an imaginary steering wheel and vehicle noise imitations. A personal favorite instance of old-age humor was a license plate frame that read: “I’m still hot...It just comes in flashes.” Moments like these gave me the realization of the pleasure and honor I had to engage in such a community—one that is often overlooked but holds so much rich information for the understanding of later life and community.